AR1000A

STATE OF ARKANSAS Amended Individual Income Tax Return

FULL YEAR RESIDENTS AMENDING TAX YEARS 1999 OR LATER

	CALENDAR	'EAR	OR FISCAL YE	AR E	ENDING								
FOR OFFICE	File Date	Amount P	aid				Your Social Secu	rity Number					
USE ONLY	•	•					•						
First Name(s) and Initial	(s) (List both if applicable)		Last Name				Spouse's Social S	Security Number					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							·					
Draggert Address (Aliverte	an and Otra of Anartmant	Vivonia a vi Dive	-/ Davida)				Duamanan'a Islandi	antina Number					
Present Address (Numb		Preparer's Identification Number											
•					-		•						
City, Town or Post Office	, State and Zip Code				Telephone Number	S							
•					Home:		Work:						
CHECK ONLY ONE 1. SINGLE (Or)	BOX: vidowed/divorced at end o	of tax year being	g amended)	4.	MARRIED FIL	ING SE	PARATELY ON THE S	SAME RETURN					
2. MARRIED FI	MARRIED FILING JOINT (Even if only one had income)					5. MARRIED FILING SEPARATELY ON DIFFERENT RETURNS							
3. HEAD OF HO	DUSEHOLD (See Instruct	ions)		Enter spouse's name here and SSN above									
	If the qualifying person is your child but not your dependent, enter this child's name here:					QUALIFYING WIDOW(ER) with dependent child. Year spouse died: (See Instructions)							
7A. YOURSELF	65 or OVER	65 SPECIAL	BLIND				HOUSEHOLD/						
SPOUSE	65 or OVER	65 SPECIAL	BLIND		QL DEAF	IALIFYI	NG WIDOW(ER)						
7B. First name(s) of de	ependents: (Do not list you	rself or spouse) Multiply	numb	per of boxes checked	l from L	.ine 7A X \$20	=	00				
				numb	per of dependents fro	m Line	7B X \$20	=	00				
7C. First name of deve	lopmentally disabled indiv	idual(s): (See II	n <i>str.)</i> Multiply	numb	per of developmental	ly disal	bled						
			individu	als fro	om Line 7C		X \$500	=	00				
7D.TOTAL PERSONAL	CREDITS: (Add Lines 7	A, 7B and 7C. I	Enter total here ar	nd on	Line 19)		7D		00				
Has your tax return	n been adjusted by t	he IRS? If y	es, attach rep	orts.	Yes] No						
			PART 1	l: OF	RIGINAL		PART 2	: AMENDED					
INCOME		A.	YOURS	\perp	B. SPOUSE'S		A. YOURS	B. SPOUSE'S					
8. Total Income:		8		00		8 0		00	00				
-	me:			00		9		00	00				
10. Adjusted Gross Inco	ome:	10		00		10		00	00				
	Deductions:			00		0 11		00	00				
	:	12		00	[0	0 12		00	00				
TAX COMPU	_							20					
13. Select tax table: (Er	ter tax from table)					13	[(00	00				
_	OW INCOME ble 1	REGULA Table 2	R										
14. Combined Tax: (Ent													
	er total from Lines 13A ar	d 13B)					1	4	00				
,	ter total from Lines 13A ar arge: <i>[If applicable, Multi</i>]	,							00				
15. Income Tax Surch		oly Line 14 by	3% (.03); Texarl	kana	residents use tax sı	ırcharg	e schedule]1	5	00				
15. Income Tax Surch 16. Enter tax from ten (*	arge: [If applicable, Multi	oly Line 14 by ule: (Attach AR	3% (.03); Texari 1000TD)	kana	residents use tax su	ırcharg	e schedule]1	5	00				
15. Income Tax Surch.16. Enter tax from ten (*17. IRA and qualified plant	arge: <i>[lf applicable, Multi_l</i> 10) year averaging sched	oly Line 14 by ule: (Attach AR yment penalties	3% (.03); Texarl 1000TD) s: (Attach Fed. Fo	kana im 53	residents use tax su	ırcharg	re schedule]1 1 1	5 6 7	00				
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29.	NET TAX: (From Line 28)					29		00	
	PAYMENTS						+	100	
30	Arkansas Income Tax withheld:		30		00)			
	Estimated tax paid or credit brought forward from last year.				00	4			
	Early childhood program: Certification No. : (20% of Federal credit allowed;						7		
02.	Attach Federal Form 2441 or 1040A, Sch. 2 and Certification Form AR1000EC)					00	,		
33	Attach Federal Form 2441 or 1040A, Sch. 2 and Certification Form AR 1000EC)					00	4		
	Amount Paid after Return was filed:					00	-		
	TOTAL PAID: (Add Lines 30 through 34. Enter here)					00	-		
	,					00	4		
	Enter prior Overpayment/Refund/Estimate carried forward:						4		
37.	REFUND OR TAX DUE	<i>Tiere)</i>		si	l	00	<u>'</u>		
20						20		00	
	AMOUNT TO BE REFUNDED TO YOU: (If Line 37 is great							00	
	AMOUNT DUE: (If Line 29 is greater than Line 37, enter the	ie difference nere)			39		100	
	EASE SIGN HERE								
	der penalties of perjury, I declare that I have examined this re								
	ef, they are true, correct and complete. Declaration of prepar	er (other than tax		nforr	nation of wh				
You	Signature		Occupation			Date			
Spo	use's Signature		Occupation			Date			
Paid	Preparer's Signature		ID Number/SSN			Date			
Firm	Name (Or yours, if self employed)		Telephone			May the Arkansas Revenue			
						Agency discuss this return with the preparer shown to the left?			
						the prep		ieit?	
		1				L	Yes No		
Add	ress	City, State, Zip				Mai ^			
						1	nded Tax Group Box 3628)	
							Rock, AR 7220	3	
	PLANATION OF CHANGES TO INCOME, DI								
	front or back of the form for each item you are change								
	nedules for the items changed. If you do not attach the		rmation, your Form	100	00A may b	e returned	. Be sure to in	clude	
you	ur name and social security number on any attachme	ents.							